P06000003820

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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DIVISION OF PH 2: 23

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

| Crownpointe Realty Corporation | | | on |
|--------------------------------|--|--|---|
| | (PROPOSED CORPORA) | | |
| Enclosed are an orig | inal and one (1) copy of the artic | cles of incorporation and | l a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | ▼ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
| FROM: | | el Safont (Printed or typed) | |
| | | SW 74th Street | |
| | Miami, Florida 33143 City, State & Zip | | |
| | |) 975-7286 | |

NOTE: Please provide the original and one copy of the articles.

| In compliance with Chapter 607 and/or Chapter 6 ARTICLE I NAME | 521, F.S. (Profit) SECRETARY OF STATE DIVISION OF CORE OF AT |
|---|--|
| The name of the corporation shall be: | |
| Crownpointe Realty Corporation | 06 JAN -9 PM 2: 2: |
| ARTICLE II PRINCIPAL OFFICE | |
| The principal place of business/mailing address is: | |
| 5901 SW 74th Street Miami, Florida 33143 | |
| ARTICLE III PURPOSE | <u>–</u> |
| The purpose for which the corporation is organiz | ed is: |
| Real Estate Services | |
| ARTICLE V INITIAL OFFICERS AND List name(s), address(es) and specific title(s): Noel Safont, President 1215 SW 35th Avenue Miami, Florida 33135 | OR DIRECTORS |
| Mario Cabrera, Director 4535 SW 59th Avenue Mlami, FI 33155 | |
| ARTICLE VI REGISTERED AGENT | NOT acceptable) of the magistaged accept in |
| The <u>name and Florida street address</u> (P.O. Box I | NOT acceptable) of the registered agent is: |
| Noel Safont 1215 SW 35th Avenue Miami, Florida 33135 | |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Noel Safont 1215 SW 35th Avenue | |

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificage, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Date

NOEL SAFONT

Miami, Florida 33135

Signature/Registered/Agent

Signature/Incorporator